

Grant Award #: _____

CALIFORNIA EMERGENCY MANAGEMENT AGENCY
OUT-OF-STATE TRAVEL REQUEST
Cal EMA 2-158

RECIPIENT

Agency: _____

Project Director: _____ Phone #: _____

Address: _____

City: _____ Zip: _____

ATTENDEE(S)

Name: _____

Title: _____ Phone #: _____

Name: _____

Title: _____ Phone #: _____

TRIP DETAILS

Trip Date [Month/Day(s)/Year] _____

Destination (City/State) _____

Description
(Meeting/Conference/Other) _____

Justification (indicate the need for the trip and the benefits to the State. Use additional pages if necessary. Attach brochure if available.)

Recipient must attach Cost Worksheet to the Out-of-State Travel Request.

FOR Cal EMA USE ONLY

Recommendation:

Approve

☐

Disapprove

☐

Program Specialist

Date

☐☐

Section Chief

Date

OUT-OF-STATE TRAVEL REQUEST COST WORKSHEET

Travel Policy – are the rates based on internal policy or the state’s travel policy? Please specify:

Internal Travel Policy

☐

State Travel Policy

☐

Date of Trip: _____

Destination: _____

Purpose: _____

ESTIMATED COSTS

TRANSPORTATION:

AMOUNT

Airfare:	_____	\$
Additional Airport Expenses	_____	
Mileage: (.51 cents per mile as of 1/1/11)	_____	\$
Taxi/Shuttle:	_____	\$
Parking:	_____	\$
 Auto Expenses:		
Private Car:	_____	\$
Rental Car:	_____	\$
State/Agency Car:	_____	\$

HOTEL/PER DIEM

Hotel:

_____ days @ \$ _____ per day = _____ \$

Per diem:

_____ days @ \$ _____ per day = _____ \$

OTHER EXPENSES

Registration/Conference Fee:	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$

TOTAL COSTS NOT TO EXCEED: _____ \$